Name in Full | Certificate of Death

Helen Geneva Adams

Died at Town: Hagerstown County: Washington MARYLAND

Date 1900 Month 1 Day 12 | Age Y. 2 M. 17 D. | Native of Md | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Amos Adams | Mother's Name: Geneva Wagner

Cause of Death: Primary: Oedema Lungs 77 | How long sick: 6 days

Immediate: Cyanosis | Accident, Suicide, Homicide

Reported by: A.P. Hautfer, M.D.

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full — Certificate of Death

Mrs. Walter Boward

Died at Town: Hagerstown County: Washington MARYLAND

Date 1900 Month 1 Day 30 | Age Y. M. D. | Native of W. Va. | Occupation House Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living None

~~Husband~~ of Wife Walter Boward

Father's Name | Mother's Name

Cause of Death: Primary Typhoid Fever | How long sick 6 wks

Immediate Cardiac Failure | Accident, Suicide, Homicide

Reported by E. M. Schindel, M. D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Mrs Laura V. Doyle

Died at Town: Clearspring. County: Washington MARYLAND

Date 1950 Month: 1 Day: 27 Age: Y. 56. M. 2. D. 2 Native of: Md Occupation: Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living: None

~~Husband~~ Wife of Dr. F. C. Doyle

Father's Name: Henry McLaughlin Mother's Name: Catharine Cushwa

Cause of Death: Primary: Pulmonary tuberculosis How long sick: 2 years

Immediate: Exhaustion 22a ~~Accident, Suicide, Homicide~~

Reported by: Abraham Shook. M. D.

Address: Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full | Certificate of Death

Mary Ellen Eton

Died near Tuego | Town | County Wash. | MARYLAND

Date 1908 | Month 1. | Day 2. | Age Y. 3 M. 10 D. 14 | Native of Md. | Occupation

~~Male~~ | White | Married | Widow | Divorced

Female | ~~Colored~~ | Single | Widower | Number of children living

Husband / Wife of

Father's Name Otho-Mela Eton | Mother's Name Martha Ellen Boyers

Cause of Death: Primary Diftheria 8a | How long sick 3 days

Immediate Suffocation | Accident, Suicide, Homicide

Reported by C. D. Bakers M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55558

Name in Full

Mary Louis Frisinger

Certificate of Death

Died at — Town: Hagerstown — County: Washington — MARYLAND

Date 1900 — Month: Jan — Day: 18 — Age: Y. 9 M. 10 D. 24 — Native of: Md — Occupation: Scholar

Male / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of ~~Wm W Fr~~

Father's Name: Wm W Frisinger — Mother's Name: Mamie C Frisinger

Cause of Death — Primary: Diphtheria 8 a — How long sick: 9 days

Immediate: Nephritis & Uremia — ~~Accident, Suicide, Homicide~~

Reported by: Wm Preston Miller

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Wm R Gordon — Certificate of Death

Died at — Town: Hagerstown — County: Washington — MARYLAND

Date 19 — Month: Jan — Day: 12 — Age: Y. 2 M. 10 D. 20 — Native of: Md — Occupation: —

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ Single — Widow ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband of
Wife

Father's Name: Frank Gordon — Mother's Name: Mamie —

Cause of Death — Primary: Burned. 1460 — How long sick: 3 days

Immediate: —

Accident, ~~Suicide Homicide~~

Reported by: E W Markum

Address: Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full | Certificate of Death

George M. Grove

Died at Town: Spickler County: Washington MARYLAND

Date 1900 Month 1 Day 23 Age Y. 50. M. 8. D. 26 Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living Six

Husband / Wife of Susan Miller 22a

Father's Name Daniel D. Grove Mother's Name Esther Mong

Cause of Death: Primary Pulmonary Tuberculosis How long sick 3 years

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Abraham Shank. M.D.

Address Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66883

Name in Full | Certificate of Death

Susan Harper

Died at Town: Hagerstown County: Washington Co MARYLAND

Date ~~189~~ 1900 Month: June Day: 18 | Age Y. 49 M. 3 D. 6 | Native of Penn. | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 9.

~~Husband~~ of Wife Robert S Harper

Father's Name John Spidle | Mother's Name Elizabeth Spidle

Cause of Death: Primary | Immediate Chronic Nephritis | How long sick 97 | ~~Accident, Suicide, Homicide~~

Reported by A S Mason

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full | Certificate of Death

Mrs Catherine E Leather

Died at Town: Greensburg County: Washington MARYLAND

Date ~~189~~ 1900 Month Day: Jan 25 Age Y. M. D.: 43, 7, 24, Native of: Maryland Occupation: Home Wife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband / Wife of Mrs Christian Leather

Father's Name Mrs David Harter Mother's Name Mrs Harter

Cause of Death: Primary Confinement 120 | How long sick

Immediate Puerperal Peritonitis | Accident, Suicide, Homicide

Reported by Dr Wm Riddlemoser

Address Smithsburg Washington Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Robert H. McDuell

Certificate of Death

Died at Town Pleasant Valley County Washington MARYLAND

Date 19 or Month 1 Day 25 | Age Y. M. D. | Native of | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Wm. H. McDuell Mother's Maiden Name

Cause of Death { Primary Typhoid fever | How long sick 1

Immediate | Accident, Suicide, Homicide

Reported by Brunswick Herald 2-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name In Full

Certificate of Death

James P. Malone

Died at Town Hagerstown County Wash MARYLAND

Date 1900 Month Jun Day 19 | Age Y. 28 M. - D. - | Native of md | Occupation R.R. Cond.

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife

Father's Name Hugh Mahon ~~Maiden Name~~ Mother's Mary

Cause of Death: Primary Tuberculosis | How long sick 16 wks

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Wm Bestin Miller

Address Hgs. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Thomas J. Post

Certificate of Death

Died at Town Hagerstown County ~~Washington~~ (E.S.) MARYLAND

Date 1900 Month 1 Day 29 | Age Y. 52 M. 2 D. — | Native of Md | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Eliza Zoll

Father's Name Wm H. Post

Mother's Name

Cause of Death: Primary Dilatation of Heart — How long sick Several months

Immediate Apnoea 57 — ~~Accident, Suicide, Homicide~~

Reported by J McP Scott

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Lydia Renner

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1900 Month January Day 30 | Age Y. 80 M. D. | Native of Washington Co | Occupation Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Old age 141 — How long sick Few days

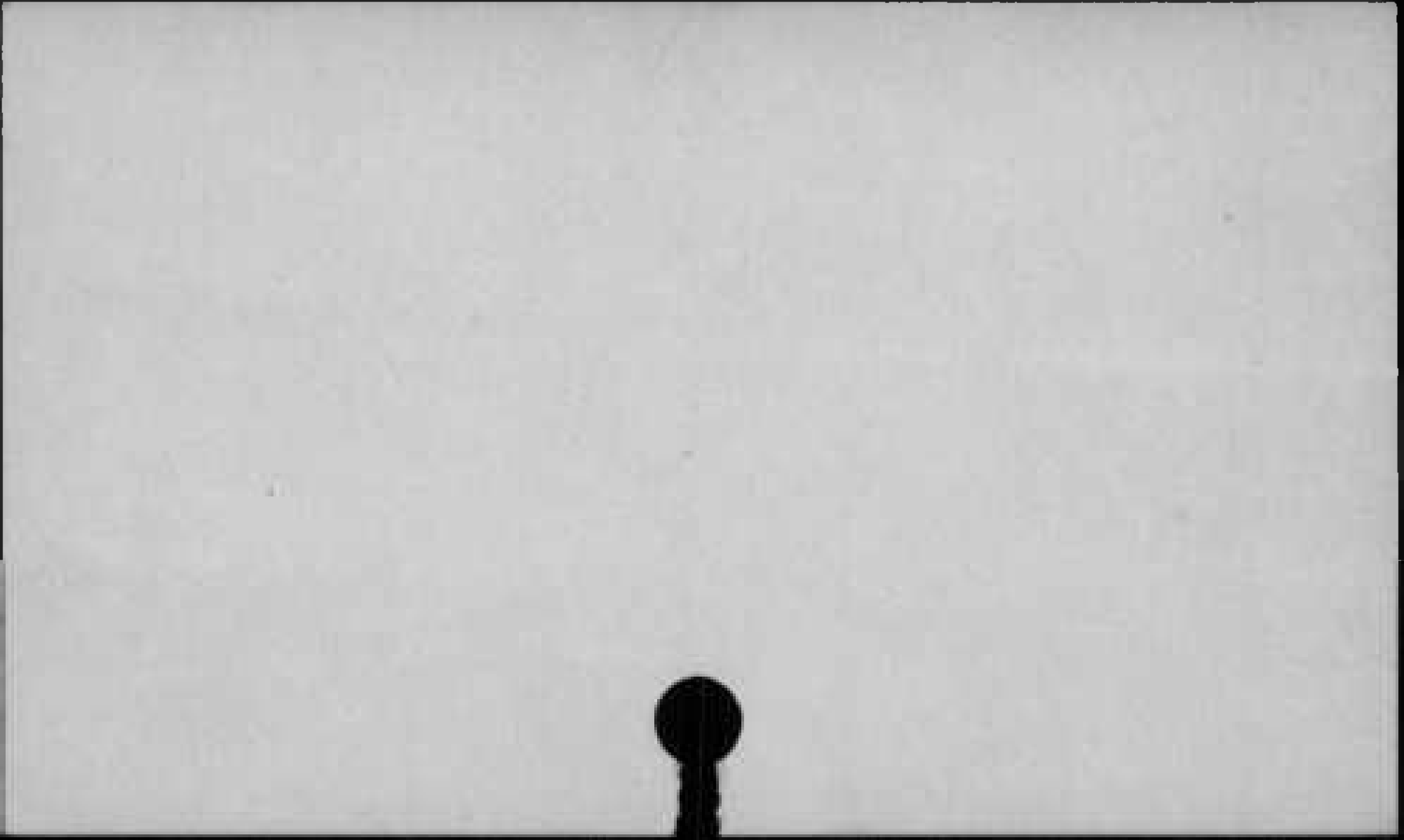
Immediate Diarrhoea — Accident, Suicide, Homicide

Reported by Chas. B. Boyle MD

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Daisy Viola Reynolds

Certificate of Death

Died at Hagerstown Town County Washington MARYLAND

Date 1900 Month 1 Day 4 | Age Y. 9 M. D. | Native of | Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of

Father's Name John Reynolds

Mother's Name Minnie Lee

Cause of Death: Primary Pneumonia 72 — How long sick about 1 week

Immediate 1/ — ~~Accident, Suicide, Homicide~~

Reported by H. L. Newman

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BEDER

Name In Full

John Robinson

Certificate of Death

Died at Town Smithsburg County Wash MARYLAND

Date 1900 Month Day Jan 12 | Age Y. M. D. | Native of Md | Occupation Mason

~~Male~~ ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 7

Husband ~~Wife~~ of first wife Miss Lum, second wife Mrs. Shupp

Father's Name | Mother's Name

Cause of Death: Primary Grips | How long sick 4 days

Immediate congestion of the lungs | ~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU, 79898

Attended by Dr. J. L. Jackson

of Smithsburg Md

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full — Certificate of Death

Emory Smith

Died at Town: Pleasant Valley — County: Washington — MARYLAND

Date 1900 — Month: 1 — Day: 3 — Age: Y. 33 M. 9 D. 18 — Native of: Md — Occupation: Laborer

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~

Number of children living 4

Husband ~~Wife~~ of Lillie Miller

Father's Name: Jonathan Smith — Mother's Name: Nancy Himes

Cause of Death — Primary: Typhoid fever — How long sick: 1 week

Immediate: Pneumonia

Accident, Suicide, Homicide

Reported by John W. Hicks M.D.

Address Smithsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Jacob Melvin Spessard

Town | County

Died at Leitersburg Md | MARYLAND

Month | Day | Y. | M. | D. | Native of | Occupation

Date 1900 Jan 31 | Age 2 6 | Farmer

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living 2

Husband of Wife Deorna Kate Spessard

Father's Name Benjamin F. Spessard | Mother's Name Kate Spessard

Cause of Death: Primary Laberculosis 22a | How long sick

Immediate Cause of Debility | Accident, Suicide, Homicide

Reported by J. Jasbor

Address Leitersburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85268